



**COCONINO COUNTY
HEALTH DEPARTMENT**

ENVIRONMENTAL SERVICES

Barbara Worgess
Department Director
Robert Maglievaz
Manager

**REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE
OF TECHNOLOGY, DESIGN, SETBACK, INSTALLATION, OR OPERATION
PER A.A.C. R18-9-A312(G)**

SITE INFORMATION

SUBDIVISION: _____ **UNIT #** _____ **LOT #** _____
ASSESSOR'S PARCEL # _____ **SIZE IN ACRES:** _____
PROPERTY ADDRESS: _____

APPLICANT (person responsible for overall compliance)

NAME: _____ **TELEPHONE/FAX #** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____

AUTHORIZED AGENT FOR APPLICANT, IF ANY:

NAME: _____ **TELEPHONE/FAX #** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____

CONTACT PERSON/DESIGNER/ENGINEER FOR FACILITY OPERATION (if different than applicant)

NAME: _____ **TELEPHONE/FAX #** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____

1. **Rule Citation of Requirement for Which Change is Requested:** _____

2. **Description of Requested Change:** _____

Justification for Requested Change
3. **(Please attach any necessary calculations, drawings, or other supporting documentation):**

